



State of New Hampshire

2011 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2011

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/26/2011

Business ID: 432914

William M. Gardner

Secretary of State

LEAF FUNDING, INC.

110 S POLAR ST STE 101
WILMINGTON, DE 19801

ADDRESS OF PRINCIPAL OFFICE:

110 S POLAR ST STE 101

WILMINGTON, DE 19801

REGISTERED AGENT AND OFFICE:

LAWYERS INCORPORATING SERVICE

14 CENTRE STREET

CONCORD, NH 03301

ENTITY TYPE: CORPORATION

BUSINESS ID: 432914

STATE OF DOMICILE: DELAWARE

EQUIPMENT LEASING

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. David English

STREET 2005 Market St Fl 15

CITY/STATE/ZIP Philadelphia PA 19103

TREAS. Robert Moskovitz

STREET 2005 Market St Fl 15

CITY/STATE/ZIP Philadelphia PA 19103

V-PRES. Miles Herman

STREET 2005 Market St Fl 15

CITY/STATE/ZIP Philadelphia PA 19103

SEC'Y. Miles Herman

STREET 2005 Market St Fl 15

CITY/STATE/ZIP Philadelphia PA 19103

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Crit Dement

STREET 2005 Market St Fl 15

CITY/STATE/ZIP Philadelphia PA 19103

DIR. David English

STREET 2005 Market St Fl 15

CITY/STATE/ZIP Philadelphia PA 19103

DIR. Robert Moskovitz

STREET 2005 Market St Fl 15

CITY/STATE/ZIP Philadelphia PA 19103

DIR. Miles Herman

STREET 2005 Market St Fl 15

CITY/STATE/ZIP Philadelphia PA 19103

To be signed by an officer, director, or any other person authorized by the board of directors.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

ROBERT MOSKOVITZ

Please print name and title of signer:

ROBERT MOSKOVITZ

/

TREASURER

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



043291420111008

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

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